

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/517,237
Filing Date	with an effective filing date of July 5, 2003
First Named Inventor	Gerhard GUMPOLTSBERGER
Group Art Unit	3681
Examiner Name	Dirk WRIGHT
Attorney Docket Number	ZAHFRI P688US

Total No. of Pages in this Submission: 17

ENCLOSURES (check all that apply)

■ Fee Transmittal Form (2)

■ Fee attached

■ Response

☐ After Final☐ Affidavits/declaration(s)■ Extension of Time Request
(in Duplicate)☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response to Missing Part/s Incomplete Application☐ Response to Missing Parts under 37 CFR 1.52 or 1.53☐ Assignment papers
(for an Application)

■ Drawings (2)

☐ Licensing-related Papers☐ Petition Routing Slip (PTO/SB/69)
and Accompanying Petition
(DELETED - no longer useful)☐ To Convert a Provisional Petition☐ Power of Attorney, Revocation
Change of Correspondence Address☐ Terminal Disclaimer☐ Small Entity Statement☐ Request for Refund☐ After Allowance Communication
to Group☐ Appeal Communication to Board
of Appeals and Interferences☐ Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter■ Additional Enclosure(s)
(please identify below):

Postcard

Submission of Proposed Dwg Amend

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name

Scott A. DANIELS
DAVIS & BUJOLD, P.L.L.C.Reg. No. 42,462
CUSTOMER NO. 020210

Signature

Date

December 11, 2006

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 11, 2006.

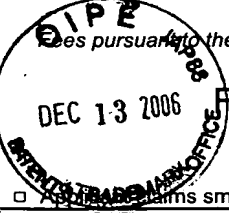

Type or printed name

Scott A. DANIELS

Signature

Date: December 11, 2006 (lfb)

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<div style="text-align: center;"><p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p><h2 style="margin: 0;">FEE TRANSMITTAL</h2><h3 style="margin: 0;">For FY 2006</h3><p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p></div>		Complete if Known					
		Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/517,237 w/effective filing date of 7-05-03 Gerhard GUMPOLTSBERGER Dirk WRIGHT 3681				
TOTAL AMOUNT OF PAYMENT: \$450		Attorney Docket No.	ZAHFRI P688US				
METHOD OF PAYMENT (check all that apply)							
<p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</p> <p><input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>04-0213</u> Deposit Account Name: <u>DAVIS & BUJOLD, P.L.L.C</u></p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below except for the filing fee</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.</p>							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES	SEARCH FEES	EXAMINATION FEES				
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
<u>Total Claims</u> -20 or HP = <u>Extra Claims</u> x <u>Fee (\$)</u> = <u>Fee Paid (\$)</u>				<u>Multiple Dependent Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>			
<u>Indep. Claims</u> -3 or HP + <u>Extra Claims</u> x <u>Fee (\$)</u> = <u>Fee Paid (\$)</u>							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>No. of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
_____ -100 =	_____ / 50 =	_____ (round up to a whole number) x	_____ =	_____			
4. OTHER FEE(S)							
2-month Extension of Term (LARGE)				Fees Paid (\$) \$450			
Other (e.g., late filing surcharge): _____							
SUBMITTED BY							
Signature				Telephone (603) 226-7490			
Name (Print/Type)	Scott A. DANIELS			Registration No. (Atty/Agent)	Date: December 11, 2006		
				42,462			